

Emmanuel Martinez Mural - Created in Conjunction with Youth in Detention

Bernalillo County
Detention Self-Inspection
Fiscal Year 2016
Findings and Recommendations Report



Every three years the Bernalillo County Youth Services
Center conducts a Detention Self Inspection according to
the Juvenile Detention Alternatives Initiative (JDAI)
Standards. Community and State Experts, Youth and
Families are invited to inspect the Detention Center and
review its policies and its daily practice. This transparent
process results in recommendations for refinement and
improvement which are then implemented through the
cooperative effort of Youth Services Center, the
Community, and Juvenile Justice Collaborative Partners

Findings and Recommendations

The following report outlines the findings and recommendations for Policy Change, Procedure Change and Adaptive (or Culture Change) for the Bernalillo County Youth Services Center.

The recommendations are organized under the following categories which align with the New Mexico System of Care "Q Review" a quality improvement tool that gathers information regarding system impact at the client level. In late 2017 the Q Review (or Quality Review) will be conducted with several of the youth in detention to gain a deeper understanding of the multiple systems factors that support their success or contribute to their challenges.

The report is organized by category according to the Acronym **CHAPTERS.**

Chapters - Classification and Intake

cHapters - Health and Mental Health

chApters - Access

chaPters - Programming

chapTers - Training

chaptErs - Environment

chapteRs - Restraints

chapterS - Safety

In the report each category of JDAI standard findings and recommendations is preceded by an overview of the standard by a synopsis of the findings and finally by a synopsis of the recommendations to sustain from the Self Inspection Team.

The rating scale is as follows

Recommendation to Sustain: Status is favorable. Efforts should be made to maintain and continue to build upon a positive practice.

Recommendation to Refine: Status is minimally sufficient may be limited or inconsistent, may be short term due to changing circumstances or lack of policy and procedure.

Recommendation to Improve: Status is insufficient. Practice may be absent or not operative. Practice strategies may be performed inappropriately or harmfully.

In April 2016 the Youth Services Center staff conducted a JDAI Detention Self Inspection.

The JDAI Self Inspection Team included representatives from the Farmington and Roswell state to scale sites in New Mexico, from the Children Youth and Families Department, the New Mexico Association of Counties, from the community; including two organizations that advocate for families, from the Albuquerque Public Schools, and a team of youth from the **LOUD** Youth Council (Leaders Organizing 2 Unite and Decriminalize). This is the third JDAI detention self-inspection conducted at the Youth Services Center and is embedded as part of the formal consistent quality improvement

practices of the facility.

There are four primary areas identified for improvement. The findings below reflect cross cutting challenges found in most of the Standards Categories.

Family Engagement:

Self-Inspection Team findings indicate that there are many opportunities to engage with and inform families throughout a youth's stay in detention. Teams noted that interactions with family that occur through intake, with the Albuquerque Public School staff and with mental health and medical staff could be enhanced by simply asking more open ended questions when speaking with families. Two families were interviewed, one family was Spanish speaking, and indicated they have little information on what occurs in the detention center with their children.

After policy and procedure review, the self-inspection team also felt strongly that youth need more access to contact with families through visits, calls and mail. The team strongly urged the Youth Services Center to create more opportunities for family contact/visitation as part of a trauma informed approach to facility management, citing the significant positive impact on youth behavior and self-regulation, and the benefits of helping staff to regulate the confinement environment.

Finding Two:

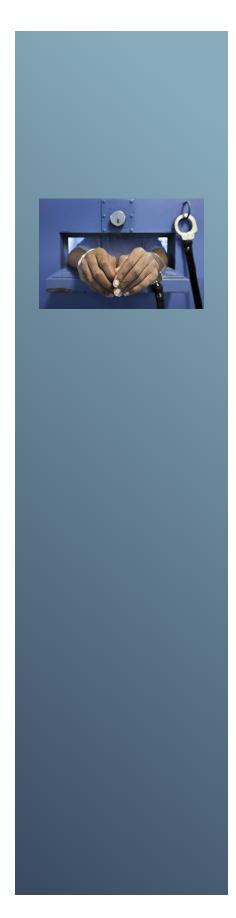
Self-Inspection teams used over 400 JDAI standards to review existing Youth Services Center policy and procedures and observe the daily practice of staff. They found that staff followed most of the JDAI standards in their practice and articulated that practice as policy, but the teams did not find the policies clearly reflected in the standards. Self-Inspection teams recognized that consistent quality can only be maintained if the policy manual reflects the best practice occurring in the detention center. Large parts of the following report reflect the need for updated policies.

Finding Three:

The Youth Services Center intake staff is uniquely situated to score the Risk Assessment Instrument (RAI) for alleged delinquent youth, which determines their eligibility to be detained. Staff offered valuable insight on challenges they have regarding RAI overrides and releasing youth to the Reception and Assessment Center. It was apparent that the JDAI Juvenile Justice Collaborative needs to work on Objective Admission's Criteria, on gathering override data and on the use of Alternatives to Detention and Diversion for youth who score in the "Do Not Detain" section of the RAI.

Finding Four:

Inspection teams noted that grievances and room time policy and procedures are in accordance with JDAI standards however the execution of those policies and procedures does not always occur in day to day practice. Inspection team's recommended increased monitoring of the process and timelines.



Classification and Intake

Detention can be a highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions and address the young person's emotional, health, mental health and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have and how to ask for services and help.

The Standards Categories reflect:

- A. Specific Detention Limitations
- B. Intake
- C. Detention Process
- D. Population Management
- E. Classification Decisions
- F. Confidentiality

Recommendations to Improve:

Recommendations to improve practice focus on refining objective decision making when using the "Override" option of the Risk Assessment Instrument (RAI). Other areas for improvement include some classification decisions, review of the strip search criteria and age as a determinate for detention.

Recommendation to Sustain:

Among strengths noted was the use of the MAYSI – a mental health screen instrument-upon intake of youth. The professionalism of intake staff was also recognized.

I. Classification System and Intake

A. Specific Detention Limitations

<u>JDAI Standard:</u> Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.

• *Finding:* Criteria, per policy, is extended "to cooling off" period for domestic violence cases. It is used to separate youth and family. YSC will hold kids up to six hours for releases to parent, guardian, and custodian. If parent, guardian, custodian do not pick up youth within 6 hours, client may be taken to RAC. The concern is 6 hours is a long period of time. There are questions of how does law enforcement identify who take into custody, parent, guardian, custodian, or youth.

Recommendation to improve: Create a MOU with law enforcement agencies to take youth to RAC for cooling off period, thus reducing the amount of youth held for 6 hours or more in detention for misdemeanor domestic violence charges.

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<u>JDAI Standard:</u> The facility has written limitations on lower and upper ages for detention in the facility, and the facility does not hold youth age 12 and younger.

• *Finding*: 18 year olds are automatically denied entry/booking at YSC.

<u>Recommendation to improve:</u> YSC should develop a mechanism to have more flexibility to hold 18 year olds who have a juvenile adjudication, i.e., probation violation instead of transferring to MDC.

Implementation Date

• <u>Finding:</u> YSC books 11 and 12 year olds. A youth can either be held or released.

Recommendation to refine: 11 and 12-year-old youth can be either held or released. Conduct a study as to why youth are taken to the YSC and which youth are more likely to be held- and if that hold was an override.

Implementation Date

<u>JDAI Standard:</u> All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the grounds that there is no other placed to put them (e.g., if a parent refused to take the youth home.)

• <u>Finding:</u> It appears from information reviewed that 30-50% of the detained population is being held through the override mechanism for danger to self and not for public safety.

Recommendation to improve: Review the over-ride process with intake and with JPO. Ensure that work is done to review current override strategies and to implement new override reduction strategies if necessary.

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B. Intake

<u>JDAI Standard:</u> Intake/admissions staff has the authority to release or conditionally release youth, except as specifically by state law.

• <u>Finding:</u> Detention Intake staff perceive they have little or no discretion regarding release on youth who score 7 or less (do not detain) on the Risk Assessment Instrument (RAI). Most intake staff believe they need to call JPO for a final decision on all releases.

Recommendation to improve: The disconnect between JPO and Intake officers on who to release warrants further investigation. Training of intake staff on a more regular basis and a further review of the definitions of detention regarding risk and need by the Deep End subcommittee could address this issue.

Implementation Date

JDAI Standard: The staff does not admit youth whose safety cannot be protected.

• **Finding:** There is no change to the intake process for youth with disabilities. It was noted that cuffing rings with benches are in the Intake Unit. The concern is that when the youth hasn't qualified for detention, there is the potential for cuffing rings to be used in the event law enforcement doesn't have paperwork ready at the time of booking. Although this wasn't stressed, staff confirmed this could occur.

Recommendation to refine: Review intake policy and procedure and ensure the safety and rights of youth with disabilities are addressed throughout the intake process.

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C. Detention Process

JDAI Standard: Demonstration of appropriate pat-down and clothing searches.

• *Finding:* Staff relies on "reasonable suspicion" in determining who gets stripped search. Since "reasonable suspicion" is subjective; staff errs on the side of

caution. For example, strip searches occur for drug court holds. The youth interviewed regarding strip searches felt it (the strip search) was something that had to be done.

Recommendation to improve: Ask attorney to help define "reasonable suspicion." Establish a protocol to expand on "reasonable suspicion" based on attorney's review. Expand strip search section in orientation booklet to indicate that it is not a right of the YSC to strip search at will or for any given reason.

Implementation Date

<u>JDAI Standard:</u> In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their right to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedure for responding to such incidents.

• *Finding:* PREA video is shown weekly on a scheduled day for new youth held. It's problematic for youth who came in after a recent showing and having to wait a week next showing.

Recommendation to improve: Show video more frequently, closer to the youth's intake.

_____ Implementation Date

D. Classification Decisions

<u>JDAI Standard:</u> Upon admission, staff makes housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.

• **Finding:** This is a subjective process. Also, staff uses SARA and FACTS to help with the classification process. This is problematic if the system(s) is down or information is not recently updated. In addition, since the intake process takes approximately 10 minutes, it is unclear if this is sufficient time to do a proper classification.

Recommendation to improve: Review Classification process and procedures to ensure that youth are being properly classified and that staff have an objective way to classify youth that is based on best practice. Also, if classification is not discussed at the 11:00 am meeting, it should be included.

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Health Care

Youth often come into detention with medical and mental health conditions needing prompt attention. Many young people have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification conditions of that require prescriptions or place the youth at risk, follow up assessment of identified conditions, care for conditions identified through screening and assessment and provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.

The Standards Categories reflect:

- A. Screenings and Referrals
- B. Full Health Assessment
- C. Medical Services
- D. Mental Health Services
- E. Dental Services
- F. Suicide Prevention and Response
- G. Administration and Prescription of Medicine
- H. Informed Consent
- I. Confidentially
- J. Heath and Mental Administration
- K. Discharge Plan

Recommendations to Refine:

The audit team found a very high rate of compliance with JDAI Standards, however a significant amount of that compliant practice is not reflected in the policy and procedures.

II. Health Care

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice of medical and mental health staff.

The following Health and Mental Health standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures as well as developed into a stand-alone set of policy and procedures, that is user friendly to be kept in the medical and mental health offices for quick reference:

Recommendations to Refine:

The recommendations for Health Care asked for more practice, which meets JDAI standards, to be reflected in the policies and procedures manual.

• **Finding:** Compliant. Numbers 1-66 are not found in *Youth Services Center* policies and procedures.

Recommendation to refine: Revise the Youth Services Center Health and Mental Health policy and procedures to include all standards listed below from 1 to 66.

A. Screening and Referrals

1. <u>JDAI Standard:</u> A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth's admission. Female health professionals are available to conduct the screening for girls.

The medical screening includes questions about:

- Current medical, dental, and mental health problems or complaints.
- Recent injuries or physical trauma.
- Current medications needed for ongoing conditions and other special health needs. Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).

- Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.
- Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.
- Current gynecological problems and pregnancies.
- Names and contact information for physicians and clinics treating youth in the community.
- The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary.
- Whether the youth has any current medical problems he or she would like to talk to a doctor about.

Observation of:

- State of consciousness, sweating, or difficulty breathing.
- Signs of recent physical trauma, injuries, or other physical problems.
- Signs of alcohol or drug intoxication or withdrawal.
- Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of selfinjury (e.g., cutting), crying, or rocking.
- Physical disabilities, including vision, hearing, or mobility limitations.
- Signs of intellectual, developmental, or learning disabilities.
- Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.
- Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.
- Whether the youth has a family member or close friend who has ever attempted or completed suicide.
- Whether the youth feels like there is nothing to look forward to in the immediate future.
- Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.

2. <u>JDAI Standard:</u> After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.

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3. <u>JDAI Standard:</u> Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.

	Implementation Date
4.	<u>JDAI Standard:</u> Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.
	Implementation Date
5.	<u>JDAI Standard:</u> Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's health are immediately referred to a dentist and receive prompt dental care.
	Implementation Date
6.	JDAI Standard: Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation.
	Implementation Date
7.	<u>JDAI Standard:</u> Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours.
	Implementation Date
8.	JDAI Standard: Staff document:
•	Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services. The date and time screenings are completed, and the signature and title of the person(s) completing the screening. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health
	professionals before the end of their shift.
	Implementation Date

B. Full Health Assessment

9. <u>JDAI Standard:</u> The full health assessment includes:

- Review of screening results and collection of additional data to complete medical, dental, and mental health histories.
- Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.
- Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.
- Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.
- Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).
- Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above.
- History of current and previous use of psychotropic medications.
- History of traumatic brain injury or seizures.
- Inquiry about symptoms of post-traumatic stress.
- Inquiry into current self-harming behavior and suicidal ideation.
- Identification of medical needs related to a youth's identification as transgender or intersex.
- Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.
- Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.

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10. <u>JDAI Standard:</u> Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.

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C. Medical Services

11. <u>JDAI Standard:</u> Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.

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12. <u>JDAI Standard:</u> Qualified medical professionals develop service plans for youth with identified medical needs.

	Implementation Date
13.	<u>JDAI Standard:</u> The facility develops and implements written policies, procedures, and actual practices to ensure that:
•	Youth have the opportunity to consult with a qualified medical professional every
•	day. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine auto injectors, if medically ordered.
	Implementation Date
<i>14</i> .	<u>JDAI Standard:</u> The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.
15.	Implementation Date JDAI Standard: The facility has private areas for medical examinations and youth with special medical needs.
	Implementation Date
16.	<u>JDAI Standard</u> : The facility has designated areas and policies for separating youth from the general population for medical reasons.
17.	Implementation Date JDAI Standard: The facility does not use health care beds to handle overcrowding.
	Implementation Date
18.	<i>JDAI Standard:</i> Female health professionals are available for health services for detained girls, including transgender girls.
	Implementation Date
19.	<u>JDAI Standard:</u> Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.
	Implementation Date
20.	<u>JDAI Standard:</u> Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.
	Implementation Date

<i>21</i> .	<u>JDAI Standard:</u> Youth receive comprehensive, evidence-based, medically accurate,
	and confidential family planning services (including services pertaining to abortion),
	consistent with state law, including counseling and referral to community providers.
	Qualified medical professionals offer youth victims of sexual abuse timely
	information about and timely access to emergency contraception and sexually
	transmitted infections prophylaxis, in accordance with professionally accepted
	standards of care, where medically appropriate.
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<i>22</i> .	JDAI Standard: Youth receive regular health education and training in self-care
	skills, including family planning, personal hygiene, nutrition, preventive health care,
	sexually infections (STIs) and STI prevention, stress and post-traumatic stress
	management, drug/alcohol/tobacco education, and physical fitness. All youth receive
	health education relevant to their particular health needs from qualified individuals.

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23. <u>JDAI Standard:</u> The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above.

_____ Implementation Date

- 24. <u>JDAI Standard:</u> The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:
- Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.
- Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.
- Qualified medical professionals provide HIV test results in a confidential and timely
 manner. Qualified medical professionals communicate results in a manner similar
 to other serious diagnostic or screening tests. Qualified medical professionals clearly
 explain test results to the youth. Youth with positive results receive notification in
 person in a private setting.
- Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.
- A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release.

	Implementation Date
25.	JDAI Standard: Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.
	Implementation Date
26.	<u>JDAI Standard:</u> For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.
	Implementation Date
27.	JDAI Standard: The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.
	Implementation Date
28.	JDAI Standard: The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.
	Implementation Date
29.	<u>JDAI Standard:</u> Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.
	Implementation Date

<i>30</i> .	JDAI Standard: Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consults with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.
	Implementation Date
D.	Mental Health Services
31.	JDAI Standard: Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility's mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:
•	Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).
	Implementation Date
32.	<u>JDAI Standard:</u> Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.
	Implementation Date
33.	<u>JDAI Standard:</u> The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.
	Implementation Date
34.	<u>JDAI Standard:</u> Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.
	Implementation Date

35.	<u>JDAI Standard:</u> Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.
	Implementation Date
36.	<u>JDAI Standard:</u> If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.
	Implementation Date
37.	<u>JDAI Standard:</u> Qualified mental health professionals' work with direct care staff and other nonclinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.
	Implementation Date
38.	<u>JDAI Standard:</u> The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.
	Implementation Date
E.	Dental Services
39.	<u>JDAI Standard:</u> Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.
	Implementation Date
F.	Suicide Prevention and Response
40.	<u>JDAI Standard:</u> The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following:
•	Whether the youth feels like there is nothing to look forward to in the immediate future.
	Implementation Date

- 41. <u>JDAI Standard:</u> The facility develops and implements written policies, procedures, and actual practices to ensure that:
- Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.
- Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.
- Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.
- Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.

	vision opportunities.
	Implementation Date
42.	<u>JDAI Standard:</u> Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.
	Implementation Date
G.	Administration of Prescription Medications
43.	<u>JDAI Standard:</u> Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.

- 44. <u>JDAI Standard:</u> Youth have immediate access to necessary medications such as asthma inhalers and epinephrine auto injectors, if medically ordered.
 - _____ Implementation Date

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- 45. <u>JDAI Standard:</u> The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:
- Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.
- Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.
- Maintenance of records needed to ensure control of and accountability for medications.
- Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.

- Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.
- Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician (e.g., for emergency management of a condition).
- Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.

46. <u>JDAI Standard:</u> Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days Psychiatrists advise other service providers within the facility, as appropriate.

____ Implementation Date

47. <u>JDAI Standard:</u> Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., auto epinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (e.g., the phone number of poison control).

_____ Implementation Date

H. Informed Consent

48. <u>JDAI Standard:</u> At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary.

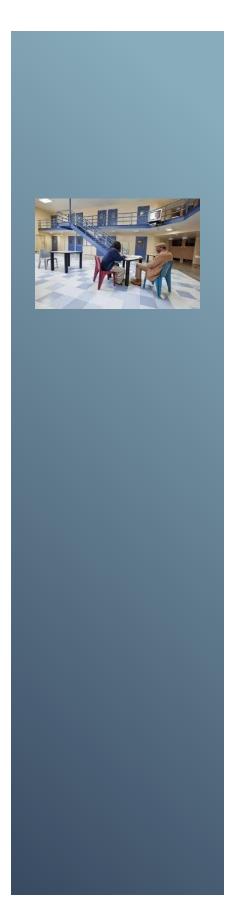
_____ Implementation Date

- 49. <u>JDAI Standard:</u> Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:
- Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.
- Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.
- Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).
- Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.

	Implementation Date
50.	<u>JDAI Standard:</u> Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.
	Implementation Date
<i>51</i> .	<u>JDAI Standard:</u> In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).
	Implementation Date
I.	Confidentiality
52.	<u>JDAI Standard:</u> Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.
	Implementation Date
53.	JDAI Standard: Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).
	Implementation Date
54.	<u>JDAI Standard:</u> The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.
	Implementation Date
J.	Health and Mental Health Administration
55.	JDAI Standard: There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.
	Implementation Date

56.	<u>JDAI Standard:</u> There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.
	Implementation Date
57.	<u>JDAI Standard:</u> The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.
	Implementation Date
58.	<u>JDAI Standard:</u> Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.
	Implementation Date
59.	<u>JDAI Standard:</u> The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.
	Implementation Date
60.	<u>JDAI Standard:</u> The facility offers medical and mental health services to youth free of charge.
	Implementation Date
61.	<u>JDAI Standard:</u> The facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.
	Implementation Date
K.	Discharge Planning
62.	<u>JDAI Standard:</u> Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.
	Implementation Date
63.	<u>JDAI Standard:</u> Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on

	psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community based resource.
	Implementation Date
<i>54</i> .	JDAI Standard: Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.
	Implementation Date
6 5 .	<u>JDAI Standard:</u> Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.
	Implementation Date
66.	<u>JDAI Standard:</u> Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.
	Implementation Date



Access

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and staff values the input and participation of families.

The Standards Categories reflect:

- A. Mail
- B. Telephone
- C. Visitation
- D. Access to Counsel the Courts and Public Officials
- E. Family Engagement

Recommendations to Improve:

The majority of recommendations under Access focus on developing ways to inform parents of detention policy and process and to reduce barriers for youth to access critical resources outside the detention center, such as counsel and familial connections, through use of phone calls, visitation and mail. Access to these resources can support youth to transition into a successful and safe re-entry into the community.

III. Access

A. Mail

<u>JDAI Standard:</u> The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.

• <u>Finding:</u> Residents are not allowed to correspond with incarcerated family members.

Recommendation to refine: Review policy and ensure that there is an "articulable" security reason/criteria for staff to follow in the practice of this policy.

____ Implementation Date

<u>JDAI Standard:</u> Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.

• Finding: If the resident is not in custody the mail is returned to sender

Recommendation to refine: Review policy to determine any fiscal challenges or other challenges to implementing the above standard. Implement standard if possible.

____ Implementation Date

<u>JDAI Standard:</u> Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.

• <u>Finding:</u> YSC has and provides a TTY/TDD. Policy and Procedure does not explicitly state that staff make accommodations.

Recommendation to refine: Review policy and develop a strategy that will allow the detention staff to come into compliance with the above standard.

____ Implementation Date

B. Telephone

<u>JDAI Standard:</u> Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of in on or record youth's conversations absent individualized reasonable

suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.

• <u>Finding:</u> All phone calls are recorded, not all phone calls are monitored. Calls that residents make have an auto-generated announcement that is played for the caller and the receiver of the call that states that the call is from an inmate at the Bernalillo County Detention Center and that the call is monitored. Additionally, that the call may be monitored, is listed on the phone and in the resident handbook. Youth appear to be punished for problematic behavior on calls at times which does not rise to the level of the criteria for criminal activity or threat to the security of the facility.

<u>Recommendation to improve:</u> Review existing policy and develop strategies to come into compliance with the above standard.

<u>Implementation Date</u>

<u>JDAI Standard:</u> Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction.

• *Finding:* Saturdays are free to call but limited to 5 minutes. Telephone privileges are used as a disciplinary sanction.

<u>Recommendation to improve:</u> Make all phone calls free for residents. Stop using telephone privileges as disciplinary sanctions.

Implementation Date

JDAI Standard: Calls are available free of charge.

• <u>Finding:</u> The Family Connections Program, which provides the resident a free phone call once a week, exists and is used by residents. Additionally, if there is a request through case management the resident can make a free phone call.

Money is needed to make calls to family except on Saturdays through the Family Connections Program which is a free, 5-minute phone call. Ability to make other calls outside of requests through case management is dependent on if resident has money in account (\$0.08/minute).

Recommendation to improve: Ensure all phone calls free for residents. if this cannot occur, ensure all residents and their families know about free phone call options by informing residents and families multiple times in multiple venues throughout the resident's stay.

____ Implementation Date

<u>JDAI Standard:</u> The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.

• *Finding:* No communication with other facilities allowed.

<u>Recommendation to improve:</u> Review policy to assess current practice and determine if it is possible for youth to call another facility to speak with family members.

____ Implementation Date

C. Visitation

<u>JDAI Standard:</u> The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.

• <u>Finding:</u> YSC does not have Skype or FaceTime but do accommodate families who travel. YSC has a special visitation policy which addresses visitation by those who travel a great distance.

Recommendation to improve: Staff thought Skype or FaceTime would be a good idea for the youth. Review policy and practice to determine if Skype and/or FaceTime are viable options that can be implemented. Review policy for users' ease, that outlines the process which families or stakeholders helping families use to make accommodations for parents who travel.

____ Implementation Date

<u>Recommendation to refine:</u> Review policies and practice, develop best practice strategies to come into compliance with this standard.

Implementation Date

D. Access to Counsel, the Courts, and Public Officials:

<u>JDAI Standard:</u> Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.

• <u>Finding:</u> Phone calls are made but not all calls are confidential as they are on speaker phone in the caseworker's office and the caseworker sits in on phone calls.

	Recommendation to refine: Review policy and develop best practice to implement the above standard in its entirety.
	Implementation Date
E. Family Eng	gagement
or group orientati makes orientation or the facility mal	The facility offers parents and guardians a verbal, written, audiovisual, on within seven days of youth's admission to the facility. The facility materials available in the primary language spoken in the household, see other accommodations to ensure that parents and guardians who is proficient understand how the facility operates.
•	<i>Finding:</i> Two families were interviewed, one family spoke Spanish only. Though YSC has a Spanish version of the orientation handbook, they both reported that they did not receive this information or an orientation the entire time their youth was in the facility.
	Recommendation to improve: Provide a handbook to give to parents and guardians in both English and Spanish. Provide an in person orientation for families so they can have a better understanding of what goes on the facility.
	Implementation Date
	Written materials for family members, such as handbooks and rly written and easy to understand.
•	<u>Finding:</u> Two families were interviewed, both families' reported that never received written materials.
	Recommendation to improve: Provide a handbook in English and Spanish for families.
	Implementation Date
including individua	Facility administrators provide a way for parents and guardians, als who are limited English proficient, to ask questions about the grams and ensure that those questions are answered.
•	<i>Finding:</i> One family, whose primary language is Spanish, reported no one spoke to them and they did not know who to go to. The other family reported they had no contact with facility staff except nurse.
	Recommendation to improve: Provide in person orientation classes for the parents and guardians, so they may ask questions and get the answers they are seeking.
	Implementation Date

<u>JDAI Standard:</u> Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.

• <u>Finding:</u> Two families were interviewed, both families reported they were never given any information on contacting a staff member to find out how their child was adjusting.

<u>Recommendation to improve:</u> Implement new policy and procedures to address the above standard.

____ Implementation Date

<u>JDAI Standard:</u> Staff makes efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge, when feasible.

• *Finding:* Two families were interviewed and reported they never had these opportunities. Staff - including case management and medical reported that they do call families on a case by case basis regarding information on medical and mental health matters as well as parents/guardians of residents who require higher level of managed care and custody.

Recommendation to improve: Families would like to meet with staff and be a part of the behavior management, medical and mental health decision making processes. Identify ways to include families in behavior management strategies and decisions regarding education, medical and mental health service planning for youth in the facility and for their discharge and incorporate those strategies into policy and practice.

____ Implementation Date

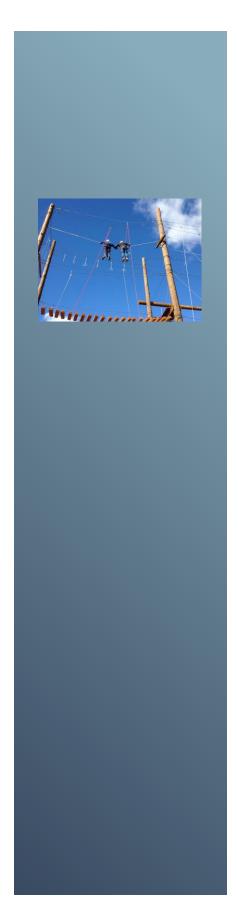
<u>JDAI Standard:</u> There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.

• **Finding:** The two families reported that they never knew of any forums or had a chance to voice opinions. Staff are not aware of any forums for families.

to experience.

____ Implementation Date

	Recommendation to improve: Ensure families are aware of the grievance process. Families would like a meeting with staff and to be a part of the policy making process. Families need a community space with community support to create a forum where they can voice opinions, raise issues of concern, offer suggestions for improvement and obtain needed information about institutional policies and practices.
	Implementation Date
	dministrators help family members arrange for transportation to and the facility is not otherwise accessible via public transportation.
•	<u>Finding:</u> Families reported that they never had these opportunities.
	<u>Recommendation to improve:</u> Identify ways this standard could be implemented. This would most likely affect regional youth and families detained at the facility.
	Implementation Date
	The facility involves family members when revising policies that relate s' access to the facility, including policies on grievances, visitation, and e and mail.
•	<i>Finding:</i> Two families interviewed reported that they were never given or have participated in developing revised policies.
	Recommendation to improve: Families interviewed would like a meeting with staff and be a part of the process of developing revised policies including those policies involving notification of strip searches and notification of youth being placed on suicide watch- and/or any other potential safety issues that youth may have experienced or be at high risk



Programming

Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior.

The Standards Categories reflect:

- A. Education, Exercise and Recreation and other Programs
- B. Religion
- C. Positive Behavior Incentives and Supports
- D. Youth with Special Needs

Recommendations to Improve:

The Programming recommendation centered around mainly around the kind of credits offered, and whether you received full or partial credit for the work they do in school.

Recommendation to Sustain:

The audit team was complimentary of school personnel and their work with youth who have multiple learning challenges and varied levels of prior school engagement.

Programming

Education A.

<u>JDAI Standard:</u> The facility school operates twelve months a year with scheduled breaks. The during brea

 breaks. The facility provides additional electives and special activities for programming during breaks and school holidays. Finding: No school electives are offered to youth, special activities over the holidays and breaks are offered through facility staff to youth. Recommendation to refine: Offer school electives to youth that are meaningful, and have culturally relevancy if applicable. Implementation Date JDAI Standard: The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law. Finding: English as second language (ESL) is offered to all students who qualify. Recommendation to refine: Create and implement formal language access plan. Allow youth to speak in native tongue whenever possible. Implementation Date JDAI Standard: The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language and physical education), including preparation for any required state examinations. Finding: No foreign language electives or credits offered Recommendation to improve: Offer foreign language electives or credits for youth. 		racinty school operates twelve months a year with scheduled
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mathematics, fine arts, foreign language and physical education), including preparation for any required state examinations. • Finding: No foreign language electives or credits offered Recommendation to improve: Offer foreign language electives or		
 for any required state examinations. Finding: No foreign language electives or credits offered Recommendation to improve: Offer foreign language electives or 	_	
• <u>Finding:</u> No foreign language electives or credits offered <u>Recommendation to improve:</u> Offer foreign language electives or	mathematics, fine art	ts, foreign language and physical education), including preparation
• <u>Finding:</u> No foreign language electives or credits offered <u>Recommendation to improve:</u> Offer foreign language electives or	for any required state	e examinations.
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Recommendation to improve: Offer foreign language electives or		
Recommendation to improve: Offer foreign language electives or	,	Fig. 1: N. C 1 1
	• <u>I</u>	rinaing: No foreign language electives or credits offered
	I	Recommendation to improve: Offer foreign language electives or
	·	credits for youth.

<u>JDAI Standard:</u> The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth's receiving school of all credits earned upon the youth's release.

____ Implementation Date

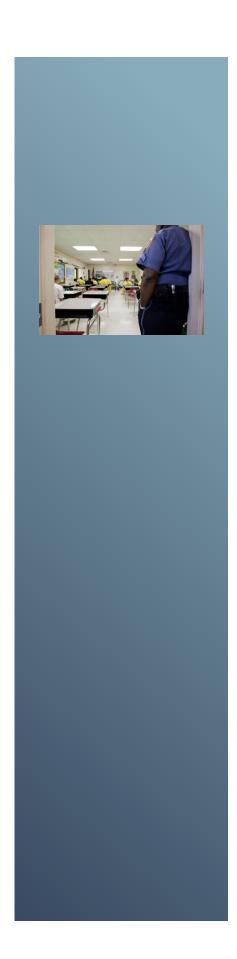
Finding: The APS school facility does not offer full or partial credit.

	Recommendation to improve: Offer full or partial credit
	Implementation Date
continuum of gener	e facility school provides special education students with a full all education classes, special classes and supplementary services. Education classes and programs to the ossible.
•	Finding: The APS school facility does not offer full or partial credit.
	Recommendation to improve: Offer full or partial credit
	Implementation Date
youth for behaviors personnel follow dis	cility staff and school personnel do not inappropriately discipline that are manifestations of their disabilities. Facility staff and school sciplinary procedures that provide for manifestation determination ional behavioral assessments for youth with disabilities.
•	<i>Finding:</i> No way to determine if staff appropriately discipline youth. Disciplinary procedures not accessible during inspection. APS utilizes the Youth Services Center disciplinary matrix to avoid disparate treatment.
	Recommendation to refine: Continue to keep log of youth discipline and review disciplinary procedures for school if available if not develop disciplinary procedures for the school noting that manifest determination reviews and functional behavioral assessments for youth with disabilities are included. Implementation Date

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice when developing programming.

The following Programming standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures as well as developed into a standalone set of policy and procedures:

•	procedures. Numbers 1-6 are not found in <i>Youth Services Center</i> policies and
	Recommendation to refine: Revise the <i>Youth Services Center</i> Programming policy and procedures to include all standards listed below from 1 to 6.
	<u>JDAI Standard:</u> Staff request a youth's education records from his or her prior ool, including Individual Education Program (IEP) and 504 plans, within 24 hours of youth's admission or the next business day, whichever is later.
	Implementation Date
stu staf	<u>JDAI Standard:</u> The facility school complies with state and local education laws erning the minimum number of minutes in a school day and ensures that each dent receives the required number of minutes of educational instruction. Detention if ensure that procedures to move youth to and from their educational program do interfere with the minimum number of minutes in a school day.
	Implementation Date
-	<u>JDAI Standard:</u> School and facility administrators develop and implement policies, cedures and actual practices that assure that youth can complete any assigned nework.
	Implementation Date
	<u>JDAI Standard:</u> The facility school provides parents or guardians with the same ifications and progress reports that they would receive from a school based in the munity, including notification of progress toward a youth's IEP goals.
	Implementation Date
you con	<u>JDAI Standard:</u> The parents or guardians of detained youth have the same access to cational records and an explanation of those records as parents and guardians of th who are not detained. Parent and guardian access to educational records is sistent with federal, state and local laws and policies regarding access to educational ords.
	Implementation Date
C.	POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS
6.	<u>JDAI Standard:</u> Staff implements positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another. <u>Implementation Date</u>



Training and Supervision of Employees

The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well-through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self- improvement through documentation of serious incidents, citizen complaints and child abuse reports.

The Standards Categories reflect:

- A. Qualifications for Institutional Staff Positions
- B. Staffing
- C. Training for Institutional Staff
- D. Supervision of Staff
- E. Reports of Abuse, Neglect, Retaliation, Violation of Responsibilities: Incident Reports; and Complaints
- F. Quality Assurance

V. Training and Supervision of Employees

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice when developing programming.

The following Training and Supervision of Employees standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures:

Recommendations to Refine:

The recommendations for training and supervision asked for more practice, which meets JDAI standards, to be reflected in the policies and procedures manual.

• *Finding:* Not found in policies and procedures.

<u>Recommendation to refine:</u> Revise the Training and Supervisions of Employees policy and procedures listed below to update to JDAI Standards. Please refer to numbers 1-5

A. Qualifications for Institutional Staff Positions

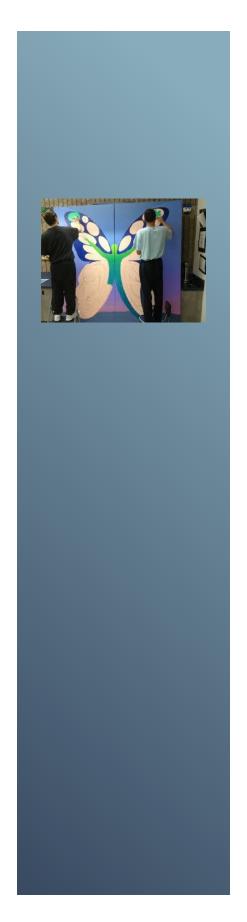
- 1. <u>JDAI Standard:</u> Before hiring new employees, the facility ensures that staff responsible for screening new hires:
- a. Perform a criminal background records check
- b. Consult any child abuse registry maintained by the state of locality in which the employee has worked or would work.
- c. Consistent with federal, state and local law staff make their best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse of sexual harassment.

Implementation L

B. Staffing

2.	and	<u>JDAI Standard:</u> The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations for the plan during such circumstances.			
		Implementation Date			
3.	pro	AI Standard: The facility has adequate staff with the language capacity to ovide limited English proficient youth with meaningful access to programs and civities. The facility keeps accurate records of staff able to speak other languages.			
		Implementation Date			
C.	Tr	caining for Institutional Staff			
<i>4</i> .	me	AI Standard: facility staff, including but not limited to direct care staff, qualified edical professionals, and qualified mental health professionals receive training on licies and practices regarding:			
	a.	Working with specific populations (refer to JDAI Detention Self Inspection Manual for all named specific populations page 151).			
		Implementation Date			
	b.	Positive behavior management, de-escalation techniques, and conflict management (refer to manual JDAI Detention Self Inspection Manual page 151-152).			
	Implementation Date				
	c.	Response to and reporting of child abuse, neglect, and violation of staff responsibilities (refer to manual JDAI Detention Self Inspection Manual page 152).			
		Implementation Date			
	d.	Sexual abuse and sexual harassment prevention, detention and response (Refer to JDAI Detention Self Inspection Manual page 152, section f.2,3)			
	Implementation Date				
	e.	Medical and mental health needs of youth. (Refer to JDAI Detention Self Inspection Manual page 152-153, sections g.4,5,6,7).			
		Implementation Date			
	f.	Facility operations and facility emergencies. (Refer to JDAI Detention Self Inspection Manual page 153-154, sections h.2, 7,10).			
		Implementation Date			

D. Supervision of Staff



5. <u>JDAI Standard:</u> The facility administrator annually reviews all facility operating procedures and updates them as needed.

___Implementation Date

Environment

Juvenile detention facilities should not look like or be operated as jails. this section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety cods, has properly functioning temperature controls, light and ventilation and offers youth appropriate living conditions. This section also encompasses quality of life issues-assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items and some measure of privacy.

The Standards Categories reflect:

- A. Positive Institutional Atmosphere
- B. Sanitation
- C. Food
- D. Temperature, Ventilation and Noise
- E. Emergency Preparedness and Fire Safety
- F. Lighting
- G. Clothing and Personal Items
- H. Searches
- I. Cross Gender Viewing and Privacy
- J. Overcrowding and Adequate Living Space

Recommendations to Improve:

Recommendations center around improving physical environment to reflect a less penal atmosphere in addition there is a recommendation to review strip search criteria, policies and procedures.

VI. Environment

A. Positive Institutional Environment

<u>JDAI Standard:</u> Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.

<u>JDAI Standard:</u> Staff allow youth to decorate and personalize their own living space <u>JDAI Standard:</u> The décor and programming acknowledge and value the diverse population and interests of youth in the facility.

• <u>Finding:</u> Living Units have a very institutional/penal environment. "Cage" in unit make officers appear unapproachable, creates a barrier for true direct supervision. The ability to decorate their rooms with pictures or other items is used an incentive and not something that all youth have the right too. We believe all youth should be able to decorate their rooms regardless of their behavioral level (honors/ super honors etc. Also there was an observation of a quote posted in the girl's unit that was believed to be offensive stating "girls want attention women want respect".

Recommendation to Improve: Allow all youth the ability to decorate their rooms regardless of their behavioral level (honor/super honors). Add more art to walls, a lot has been done but additional artwork in daily living areas would improve the environment. Consider the complete removal of the office "Cage" area in units.

<i>Implementation</i>	Date

- <u>JDAI Standard</u>: The facility develops and implements written policies, procedures and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators
 - *Finding:* Youth and staff both shared that staff use swear words around the youth, and it can be directed at youth in a negative manner. This is an inequity, staff are able to swear in front of the youth, however if the youth do this, they will be sanctioned. Negative interactions were reported by youth when getting food as well.

Recommendation to Improve: Ensure the grievance process is working well. Youth do not understand their rights regarding positive environment, the orientation may provide a way for youth to understand that they do not have to be subject to disrespectful comments and behavior. Ensure policy is updated to reflect JDAI standards. Have staff trained on the benefits of positive interaction with youth.

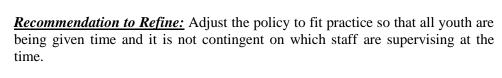
____Implementation Date

B. Sanitation

<u>JDAI Standard:</u> Youth have adequate time to conduct appropriate hygiene practices.

• **Finding:** Per policy youth have 3 minutes to shower. The policy does not give adequate time, however in practice staff reported giving 5-7 minutes for showers

and the youth stated they felt it was enough time.



____ Implementation Date

C. Food

<u>JDAI Standard:</u> If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.

• *Finding:* Youth reported seeing staff eat outside food in front of them.

Recommendation to refine: Reinforce current policy.

____ Implementation Date

<u>JDAI Standard:</u> The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).

• **Finding:** There is a log that is filled out and the youth sign off on their meal when they receive a special meal due to dietary need. When we looked at the log, in the space where youth were supposed to sign, it was found that staff was signing for youth. Staff stated, this was because youth are eating in their units.

<u>Recommendation to Refine:</u> This process should be reviewed- ensuring youth can sign off on their own meals.

___ Implementation Date

H. Searches

<u>JDAI Standard:</u> When staff search youth who are returning from court, school, another facility, visits on the premises or who have otherwise been continuously supervised, they do so by a pat-down, metal detector or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband and in accordance with applicable law.

• <u>Finding</u>: YSC staff do not conduct body cavity searches and YSC has a policy that states: "The Center does not conduct body cavity searches, staff are trained that we do not conduct body cavity searches, and if a body search was necessary for exigent safety reasons only a medical provider is authorized at the approval of only the Director. There is no designee in the policy for authorizing of body cavity searches."

Youth believe that strip searches are necessary at times but report feeling humiliated and state that they don't know why everyone has to have them after every visitation. Staff follow policy for strip searches which is a general policy applying to all youth in a circumstance, not guided by supervisory approval.

<u>Recommendation to Improve:</u> Review strip search policies and practice to ensure they adhere to and reflect JDAI standards.

___ Implementation Date

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice when developing programming.

The following Environment standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures:

Recommendations to Refine:

The recommendations for environment asked for more practice, which meets JDAI standards, to be reflected in the policies and procedures manual.

• *Finding:* Compliant but not found in policies and procedures. Numbers 1-43.

<u>Recommendation to refine:</u> Revise the Environment policy and procedures listed below to update JDAI Standards.

D. Positive Institutional Atmosphere

2. <u>JDAI Standard:</u> Staff allow youth to decorate and personalize their own living space.

	Implementation Date
3.	<u>JDAI Standard:</u> Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.
	Implementation Date
4.	<u>JDAI Standard:</u> The décor and programming acknowledge and value the diverse population and interests of youth in the facility.
	Implementation Date
5.	<u>JDAI Standard:</u> Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.
	Implementation Date
E.	Sanitation
6.	JDAI Standard: The buildings and grounds are well maintained.
	Implementation Date
7.	<u>JDAI Standard:</u> The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.
	Implementation Date
8.	<u>JDAI Standard:</u> Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staffs give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.
	Implementation Date
9.	<u>JDAI Standard:</u> The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:
•	A schedule for cleaning common areas, bathrooms, and showers. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.

• Use of antimicrobial treatment agents to clean areas where bacteria may grow.

•	standard hygienic practices, such as hand washing.
	Implementation Date
10.	<u>JDAI Standard:</u> Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.
	Implementation Date
11.	<u>JDAI Standard:</u> Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.
	Implementation Date
12.	<u>JDAI Standard:</u> Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).
	Implementation Date
13.	<u>JDAI Standard:</u> Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.
	Implementation Date
14.	<u>JDAI Standard:</u> Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.
	Implementation Date
15.	<u>JDAI Standard:</u> The facility is free of insect and rodent infestation.
	Implementation Date
16.	<u>JDAI Standard:</u> Staff allow youth to brush their teeth after breakfast and dinner.
	Implementation Date
17.	<u>JDAI Standard:</u> Youth and staff wash their hands before meals and after activities that may cause the spread of germs.
	Implementation Date
18.	<u>JDAI Standard:</u> Staff provide youth with the opportunity to groom themselves before court and other important events.
	Implementation Date

19.	<u>JDAI Standard:</u> Staff sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.
	Implementation Date
20.	<u>JDAI Standard:</u> Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).
	Implementation Date
F.	Food
21.	<u>JDAI Standard:</u> Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.
	Implementation Date
22.	JDAI Standard: Youth may obtain second servings of food.
	Implementation Date
23.	JDAI Standard: Youth eat meals in a cafeteria or common area.
	Implementation Date
24.	<u>JDAI Standard:</u> Youth have a reasonable time, no fewer than 20 minutes, for each meal.
	Implementation Date
25.	<u>JDAI Standard:</u> Youth may talk during meals absent immediate and temporary safety or security reasons.
	Implementation Date
G.	Temperature, Ventilation, and Noise
26.	$\underline{\mathit{JDAI Standard:}}$ Noise levels in the facility are comfortable and appropriate at all times.
	Implementation Date

H. Emergency Preparedness and Fire Safety

27. <u>JDAI Standard:</u> The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters,

disturbances or riots, national security emergencies, and medical emergencies. The plan covers:

- A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.
- The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.
- Agreements with other agencies or departments.
- Means of transportation to pre-determined evacuation sites and evacuation routes.
- Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.
- Communication protocols among staff, as well as with outside agencies.
- Agreements with outside agencies that can provide medical and mental health services.
- Notification to families.

_____ Implementation Date

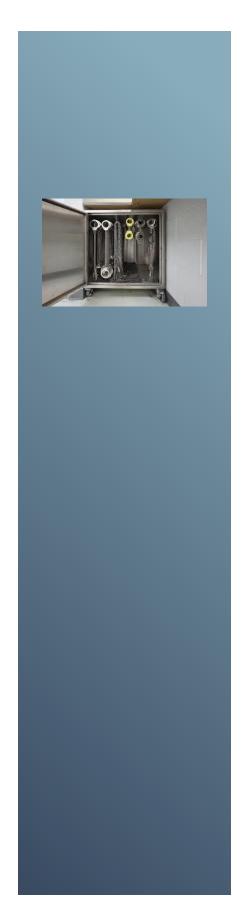
- Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.
- Meeting the needs of limited English proficient youth. Implementation Date 28. JDAI Standard: Documentation that the local fire authority has reviewed the evacuation procedures. Implementation Date 29. JDAI Standard: All occupied areas of the facility have at least two means of egress. Implementation Date 30. JDAI Standard: The facility has identification and lighting of all exits, including during emergencies. ____ Implementation Date 31. JDAI Standard: The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance. Implementation Date 32. JDAI Standard: The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds. Implementation Date 33. JDAI Standard: The facility has smoke alarms in appropriate locations and in working condition.

34.	<u>JDAI Standard:</u> The facility has a sprinkler system in appropriate locations and in working condition.
	Implementation Date
35.	<u>JDAI Standard:</u> The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.
	Implementation Date
36.	<u>JDAI Standard:</u> Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes:
•	Documentation of how long it takes to unlock doors and complete the drill process. Practice with different scenarios so that each drill is not the same (e.g., a kitcher fire, a fire on a unit, etc.).
•	Staff identification of emergency keys to unlock doors by touch and by sight. Practice clearing youth from the building at least one time per year.
	Implementation Date
37.	<u>JDAI Standard:</u> The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.
	Implementation Date
38.	<u>JDAI Standard:</u> The facility has an automated external defibrillator (AED) on site and staff trained to use it. [Also listed at $V(C)(4)(g)(1)$.]
	Implementation Date
39.	<u>JDAI Standard:</u> The facility has a plan for handling exposure to high-risk bodily fluids.
	Implementation Date
40.	<u>JDAI Standard:</u> Staff properly store and secure potentially hazardous or flammable items.
	Implementation Date
I.	Lighting
41.	<u>JDAI Standard:</u> Individual rooms have adequate lighting, sufficient for reading.
	Implementation Date

42.	<u>JDAI Standard:</u> The lights in youth's rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.
	Implementation Date
43.	$\underline{\textit{JDAI Standard:}}$ Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.
	Implementation Date
J.	Clothing and Personal Items
44.	<u>JDAI Standard:</u> Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.
	Implementation Date
45.	<u>JDAI Standard:</u> Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.
	Implementation Date
46.	<u>JDAI Standard:</u> The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.
	Implementation Date
47.	<u>JDAI Standard:</u> Youth receive outerwear that is appropriate to the season.
	Implementation Date
48.	<u>JDAI Standard:</u> Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.
	Implementation Date
49.	<u>JDAI Standard:</u> The facility housing units have lockers or other storage for youth's clothing and personal items.
	Implementation Date
50.	<u>JDAI Standard:</u> Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).

	Implementation Date
K.	Searches
51.	<u>JDAI Standard:</u> Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. [Also listed at $I(C)(6)(s)$.]
	Implementation Date
52.	<u>JDAI Standard:</u> Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.
	Implementation Date
L.	Cross-Gender Viewing and Privacy
53.	<u>JDAI Standard:</u> Staff of the opposite gender of the youth living there announce their presence when entering housing units.
	Implementation Date
54.	<u>JDAI Standard:</u> Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.
	Implementation Date
55.	<u>JDAI Standard:</u> Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing Implementation Date
56.	<u>JDAI Standard:</u> The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).
	Implementation Date
M.	Overcrowding and Adequate Living Space
57.	<u>JDAI Standard:</u> The total population of the facility and the population per unit do not exceed maximum rated capacity.
	Implementation Date
58.	<u>JDAI Standard:</u> Rooms are not occupied by more youth than the rated capacity allows.
	Implementation Date

59.	$\underline{\mathit{JDAI Standard:}}$ The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.
	Implementation Date
60.	<u>JDAI Standard:</u> Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.
	Implementation Date
61.	<u>JDAI Standard:</u> Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.
	Implementation Date
62.	JDAI Standard: Visual alarms are provided in addition to audible alarms.
	Implementation Date
63.	<u>JDAI Standard:</u> The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:
•	Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them. Adequate floor space to permit access to the toilet. Flush valves and faucets that are operable without tight grasping, pinching, or twisting. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.
•	Sinks with sufficient space for use by a youth in a wheelchair.
	Implementation Date
64.	<u>JDAI Standard:</u> The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:
•	Doorways that are wide enough to permit entry by youth in a wheelchair. Floor space that permits movement about the sleeping room and access to each of the room's features.
•	A desk with space for use by a youth in a wheelchair.
•	A bed of a height that facilitates transfers to and from wheelchairs. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.
	Implementation Date



Restraints, Room Confinement, Due Process, and Grievances

Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions, staff are well-train to help prevent and de-escalate crises and there are positive relationships between youth and staff. This section addresses what

happens when those protective factor are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section addresses the facility response to concerns and complaints by youth through an effective grievance process.

The Standards Categories reflect:

- A. Use of Physical Force, Restraints and Chemical Agents
- B. Room Confinement
- C. Voluntary Time Outs
- D. Due Process and Discipline
- E. Corporal Punishment
- F. Grievances and Reporting Procedures

Recommendations to Improve:

The recommendations were to improve grievance procedures and to continue to improve room confinement policies and procedures.

Recommendations to Refine:

The audit teams noted the Youth Services Center staff had made significant progress and can show positive data outcomes with the reduction of room confinement and noted the final phases of implementation were not yet complete at the time of the audit.

VII. <u>Restraints, Room Confinement, Due Process, and</u> Grievances

A. Use of Physical Force, Restraints and Chemical Agents

<u>JDAI Standard:</u> Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individual with disabilities within 24 hours or the restraint incident.

• <u>Finding:</u> Team could not find evidence that parent, attorneys, and/or guardian ad litems were notified after use of force or restraint incidents

	Recommendation to Improve: Ensure practice and policies include the notification of parents- guardians and or attorney. Include policies regarding youth with disabilities
	Implementation Date
В.	Room Confinement
	JDAI Standard: Written policies and procedures in the facility set forth the following principles for the use of room confinement. b. Staff never use room confinement for discipline, punishment administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others. c. Prior to using room confinement, staff use less restrictive techniques, including taking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control
	• <i>Finding</i> : Staff feel they need more tools outside of room confinement for discipline.
	Recommendation to Improve: Revise policies and practice to reflect JDAI standards for room confinement and develop necessary disciplinary tools to support staff when working with youth.
	Implementation Date
C.	Grievances and Reporting Procedures
	<u>JDAI Standard:</u> Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.
	• Finding: During the team review of the grievances they found that almost every youth pled guilty. The team is concerned that the youth do not understand how-to use the grievance document. The team determined that there are two potential reasons for this: residents maybe pleading guilty to expedite process and some residents do not realize they plead guilty.
	<u>Recommendation to Improve:</u> Review grievances and discuss with youth, to determine why they almost always plead guilty
	Implementation Date

JDAI Standard: Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.

• *Finding:* A major finding was that at one point the administration changed the grievance investigator from an outside individual to now a detention center supervisor. We believe that it should be moved back to an outside and neutral investigator who does work in the detention center. Also, in the files that documented the grievance process, the notes were not detailed in a way to include interview notes, process or evidence found. It solely included the final determination. We believe that the documentation process should also be revisited.

Recommendation to Improve: Review the change made to staff who handle grievances within the chain of command. Determine if youth and staff confidence in the grievance process has been affected negatively.

Implementation	ı Date

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice when developing programming.

The following Restraints, Room Confinement, Due Process and Grievances standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures:

Recommendations to Refine:

The recommendations for restraints, room confinement, due process and grievances asked for more practice, which meets JDAI standards, to be reflected in the policies and procedures manual.

• Finding: Not found in policies and procedures.

<u>Recommendation to refine:</u> Revise the Restraints, Room Confinement, Due Process, Grievance policy and procedures, #1-33, listed below to update JDAI Standards.

A. Use of Physical Force, Restraints, and Chemical Agents

- 1. <u>JDAI Standard:</u> Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:
- The only mechanical restraints that staff may use in the facility are handcuffs.
- Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.
- Staff never leave youth who are sleeping in restraints.
- Staff never leave youth who are in restraints alone.

Implementation 1	Date
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- 2. <u>JDAI Standard:</u> The facility develops and implements written policies, procedures, and actual practices to prohibit:
- The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.
- The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.
- Use of chemical or medical restraints.

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- 3. <u>JDAI Standard:</u> Facility staff document all use of physical force or restraint incidents, including:
- Name of youth.
- Date and time physical force or restraints were used on youth.
- Date and time youth were released from restraints.
- Date and time youth were released from restraints.
- The person authorizing placement of the youth in restraints.
- A description of the circumstances leading up to the use of physical force or restraints.
- The staff involved in the incident.
- Any youth or staff witnesses.
- The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.
- The type of physical force or restraints used and a description of how they were applied.
- Referrals or contacts with qualified medical and qualified mental health professionals; including the date and time such persons were contacted.

Implementation Date

4. <u>JDAI Standard:</u> Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the

	incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.
5.	JDAI Standard: Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.
	Implementation Date
6.	JDAI Standard: The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status.
	Implementation Date
7.	JDAI Standard: A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.
	Implementation Date
8.	<u>JDAI Standard:</u> Mental health providers for the facility review incidents, discipline, and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff's response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.
	Implementation Date
9.	<u>JDAI Standard:</u> Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.
	Implementation Date
10.	<u>JDAI Standard:</u> Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth.

	Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.
	Implementation Date
11.	<u>JDAI Standard:</u> Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.
	Implementation Date
12.	<u>JDAI Standard:</u> During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.
	Implementation Date
13.	<u>JDAI Standard:</u> While youth are in room confinement, staff follow a protocol that:
	Implementation Date
1 <i>4</i> .	<u>JDAI Standard:</u> Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.
	Implementation Date
15.	<u>JDAI Standard:</u> Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.
	Implementation Date
16.	<u>JDAI Standard:</u> Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility.
	Implementation Date
17.	<u>JDAI Standard:</u> The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.
	Implementation Date
18.	<u>JDAI Standard:</u> Daily review with the youth of his or her progress toward the goals outlined in his or her plan.
	Implementation Date

	19.	$\underline{\mathit{JDAI\ Standard:}}$ The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.
		Implementation Date
	20.	JDAI Standard: Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handing the situation.
		Implementation Date
	21.	<u>JDAI Standard:</u> Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.
		Implementation Date
	22.	<u>JDAI Standard:</u> Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.
		Implementation Date
	23.	<u>JDAI Standard:</u> The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.
		Implementation Date
	24.	<u>JDAI Standard:</u> The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status.
		Implementation Date
В.		DUE PROCESS AND DISCIPLINE

25. $\underline{\mathit{JDAI Standard:}}$ Staff post the rules of the institution in all living units.

		Implementation Date
	26.	<u>JDAI Standard:</u> Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.
		Implementation Date
	27.	<u>JDAI Standard:</u> Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.
		Implementation Date
	28.	<u>JDAI Standard:</u> Staff do not use group punishment as a sanction for the negative behavior of individual youth.
		Implementation Date
C.		Corporal Punishment
	29.	<u>JDAI Standard:</u> Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility. Implementation Date
D.		Grievances and Reporting Procedures
	30.	<u>JDAI Standard:</u> The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:
	•	Grievance forms use easy-to-understand language and are simple in their design. Youth are able to report grievances verbally and in writing.
		Implementation Date
	31.	<u>JDAI Standard:</u> Facility staff, administrators, ombudspersons, or other personned provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.
		Implementation Date
	32.	<u>JDAI Standard:</u> If staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.



___ Implementation Date

33. <u>JDAI Standard:</u> Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.

_ Implementation Date

Safety

Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims and investigate allegations of misconduct.

The Standards Categories reflect:

- A. Youth Safety
- B. Staff Safety
- C. Weapons and Contraband
- D. Investigations

Recommendations to Improve:

Recommendations indicate a need for outreach to third parties, including parents or guardians during and after investigations.

Recommendations to Refine:

The audit team found most standards are met in daily practice. These standards need to be reflected in policies and procedures for consistent quality improvement measures.

VIII. Safety

D. Investigation

JDAI Standard: Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)

• *Finding*: There are no investigation completion outcomes listed for January log-2016-17 and the same for 2016 -20. What is the process to go back and complete? When is the person who reported informed of the status of the investigation? How is that information recorded?

Recommendation to Improve: Explore ways to ensure entire investigative process is being documented and reported back to those involved in the investigation.

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JDAI Standard: Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.

• <u>Finding:</u> There is no documentation listing when parents/guardians or the youth's attorney have been notified of an investigation being conducted.

<u>Recommendation to Improve:</u> Review documents and ensure there is a place to document date and time they were notified in accordance with above policies.

<i>Implementation</i>	Date

One key to Quality Assurance is the development of a detailed and comprehensive set of policies and procedures to guide staff training and practice.

The following Safety standards are implemented in process and practice but are not formalized or updated in policy and procedures. It is recommended that these standards be incorporated into the overall Youth Services Center policies and procedures:

The following Safety standards are implemented in process and practice but are not formalized in policy:

Recommendations to Refine:

The recommendations for training and supervision asked for more practice, which meets JDAI standards, to be reflected in the policies and procedures manual.

• *Finding:* Not found in policies and procedures.

Recommendation to refine: Revise the Safety policy and procedures, #1-14, listed below to update JDAI Standards.

- 1. JDAI Standard: Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:
- Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.
- Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.
- Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.
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•	Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.
	Implementation Date
<u>2.</u>	<u>JDAI Standard:</u> The facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.
	Implementation Date
<u>3.</u>	<u>JDAI Standard:</u> The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.
	Implementation Date
<u>4.</u>	<u>JDAI Standard:</u> Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
	Implementation Date
<u>5.</u>	<u>JDAI Standard:</u> Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.
	Implementation Date
<u>6.</u>	<u>JDAI Standard:</u> Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.

	Implementation Date
Α.	Staff Safety
<u>7.</u>	<u>JDAI Standard:</u> The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker's compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.
	Implementation Date
<u>8.</u>	<u>JDAI Standard:</u> The facility offers support services to staff who have been injured on the job.
	Implementation Date
<u>9.</u>	JDAI Standard: Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.
	Implementation Date
В.	Weapons and Contraband
<u>10.</u>	<u>JDAI Standard:</u> Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).
	Implementation Date
<u>11.</u>	JDAI Standard: Staff alleged to be involved in an incident do not conduct the investigation.
	Implementation Date
<u>12.</u>	JDAI Standard: Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at V(C)(9).]
	Implementation Date
<u>13.</u>	<u>JDAI Standard:</u> When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation

	Implementation Date
<u>14.</u>	<u>JDAI Standard:</u> A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.
	Implementation Date